

## Fill in this information to identify your case:

Debtor 1 **Matthew** **Joe** **Mahone**  
First Name Middle Name Last Name

Debtor 2 **Leigh** **Ann** **Mahone**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Eastern District of Texas**

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 104

## For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

**Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders**

## Unsecured Claim

1

**Caterpillar Financial Services Corporation**

Creditor's Name

**2120 West End Ave**

Number Street

**Nashville TN 37203-5341**

City State Zip Code

Contact

Contact phone

 What is the nature of this claim? **Other:** \$ **7,279,663.45**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

Debtor 1 **Matthew** **Joe** **Mahone** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**2**

**Small Business Administration**

Creditor's Name

**150 Westpark Way, Suite 130**

Number Street

**Eules** **TX** **76040**  
City State Zip Code

Contact

Contact phone

What is the nature of this claim? **Other:** \$ **1,071,470.00**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**3**

**Simmons Bank**

Creditor's Name

**PO Box 733**

Number Street

**TX** **38281-0733**  
City State Zip Code

Contact

Contact phone

What is the nature of this claim? \$ **900,000.00**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**4**

**Texas Workforce Commission**

Creditor's Name

**Office of Attorney General**  
**BK/Collections**  
**P.O. BOX 12548, MC008**

Number Street

**Austin TX** **78711-2548**  
City State Zip Code

Contact

Contact phone

Taxes and certain other debts you owe the government  
What is the nature of this claim? \$ **355,035.53**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Debtor 1 **Matthew** **Joe** **Mahone** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**5**

**Stonemark Inc**

Creditor's Name

**8501 Wade Blvd**

**Ste 620**

Number Street

**Frisco**

**TX**

**75034-6268**

City

State

Zip Code

Contact

Contact phone

What is the nature of this claim? **Other:** \$ **260,611.53**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**6**

**Danco Enterprise Inc**

Creditor's Name

**212 W. Broadway Ste. 2**

Number Street

**Hobbs**

**NM**

**88240**

City

State

Zip Code

Contact

Contact phone

What is the nature of this claim? **Other:** \$ **242,583.79**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**7**

**BPW Law Firm**

Creditor's Name

**105 N State St, Suite 105B**

Number Street

**Decatur**

**TX**

**76234-1459**

City

State

Zip Code

Contact

Contact phone

What is the nature of this claim? **Other:** \$ **201,519.61**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed  
☐ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Debtor 1 **Matthew** **Joe** **Mahone** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**8**

**LeBoeuf Law PLLC**

Creditor's Name

**325 N. St. Paul St.**  
**Ste 3400**

Number Street

**Dallas** **TX** **75201-3818**  
City State Zip Code

Contact

Contact phone

What is the nature of this claim? **Other:** \$ **194,623.75**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**9**

**United Healthcare Insurance Company**

Creditor's Name

**Attn: CDM/Bankruptcy**  
**185 Asylum Street - 03B**

Number Street

**Hartford** **CT** **06103-3408**  
City State Zip Code

Contact

Contact phone

What is the nature of this claim? **Other:** \$ **186,726.90**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**10**

**Goliad County Tax Assessor**

Creditor's Name

**PO Box 800**

Number Street

**Goliad** **TX**  
City State Zip Code

Contact

Contact phone

What is the nature of this claim? **Other:** \$ **155,143.73**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Debtor 1 **Matthew** **Joe** **Mahone** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**11**

**Komatsu Southwest**

Creditor's Name

**PO BOX 842326**

Number Street

**75284-2326**

City State Zip Code

Contact

Contact phone

What is the nature of this claim? **Other:** \$ **150,994.83**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

**12**

**NCMIC Finance Corporation**

Creditor's Name

**PO Box 9118**

Number Street

**Des Moines IA 50306-9118**

City State Zip Code

Contact

Contact phone

What is the nature of this claim? **Other:** \$ **95,609.55**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

**13**

**LocusView Solutions Inc**

Creditor's Name

**PO Box 74008871**

Number Street

**Chicago IL 60674-8871**

City State Zip Code

Contact

Contact phone

What is the nature of this claim? **Other:** \$ **85,598.10**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

Debtor 1 Matthew Joe Mahone Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

14

**Oklahoma Tax Commission**

Creditor's Name

**Attn: Legal**

**PO Box 269056**

Number Street

**Oklahoma City**

**OK**

**73126-9056**

City

State

Zip Code

What is the nature of this claim? **Other:** \$ **82,153.51**

**As of the date you file, the claim is:** Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

☒ None of the above apply

**Does the creditor have a lien on your property?**

☒ No

☐ Yes. Total claim (secured and unsecured): \$ \_\_\_\_\_

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

**x /s/ Matthew Joe Mahone**

Signature of Debtor 1

**x /s/ Leigh Ann Mahone**

Signature of Debtor 2

«Form101.B  
ankruptcyD  
ebtor.Prima  
ryExecuted

Date

»  
MM/DD/YYYY

Date

**10/1/2024**  
MM/DD/YYYY